

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040041
5764 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILE NOV 7 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in lb 6 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Children's Mercy Hosp.		d. STREET ADDRESS 5512 East 18th St. (If outside, give location)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		First MARK Middle TIMOTHY Last MALONE		4. DATE OF DEATH Month 10 Day 23 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-9-62	9. AGE (last birthday) 1 year	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Child		11. BIRTHPLACE (City and state or country) Kansas City, Missouri U.S.A.	
13a. FATHER'S NAME Ossie Malone		13b. MOTHER'S MAIDEN NAME Irene Kimbrough		14. NAME OF HUSBAND OR WIFE Same	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Father Address Same	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Heart Block (Hx) Lt. Endocardial fibrosis DUE TO (b) Lt. ventricular dilatation Bronchopneumonia DUE TO (c) Cerebral edema, mild		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:35 a.m. p.m.	Month, Day, Year 10-17-63	10-23-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Independence, Missouri	
21. I attended the deceased from 10-17-63 to 10-23-63 and last saw him alive on 10-23-63 Death occurred at 8:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS 1710 Independence Avenue	
22a. SIGNATURE Bessie Smith (Degree or title) U.R.		22c. DATE SIGNED 10-23-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/25/63	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	23d. LOCATION (City, town, or county) (State) Independence, Missouri
24. FUNERAL DIRECTOR Earp & Sons 4707 Truman Rd. K. C. Mo.		25. DATE RECD. BY LOCAL REG. 10-24-63	26. REGISTRAR'S SIGNATURE Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.